MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/565849** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1	1			
2		1		1		
3		1		1		
4		2		1		
5		3		1		
6		3		1		
7		3		1		
8		3				
9		2		1		
10		2		1		
11		2		1		
12		2		1		
13		1		1		
14		1		1		
15		1		1		
16				1		
17	1			1		
18		1	1			
19		1		1		
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22		1				
23		1		1		
24	1		1			
25						
26		1				
27		1				
28		1		1		
29		1		1		
30		1				
31						
32		2				
33		1		1		
34		1		1		
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TOTAL IND.		⬇	3	⬇		⬇
TOTAL DEP.		⬅	39	⬅		⬅
TOTAL CLAIMS			42			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

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